

(19)



CH's Service Providers
Corey Harris
304 East 22nd Street
Erie, Pa 16503

Dear Corey,

We are looking forward to having you as a member of the Erie Regional Chamber and Growth Partnership. I have enclosed a copy of our magazine and our current membership structure. Let me know if you have any questions or comments.

Trustee Membership is \$200 for up to 5 full-time employees (\$2 per employee over 5; \$1 per part-time employee).

We also have Silver, Gold, and Platinum membership levels available. Please refer to the membership information brochure or call me and I can provide an overview.

Sincerely,

A handwritten signature in black ink, appearing to read "John".

John Karnes
Director of Sales
Erie Regional Chamber & Growth Partnership
454-7191 x 138
459-7191 - fax
jkarnes@eriepa.com

Exhibit # E - 2006

- 208 East Bayfront Parkway
Suite 100
Erie, Pennsylvania 16507
- 814-454-7191
814-459-0241 (fax)
- www.ErieChamber.com
www.InvestErie.com

PHIL ENGLISH
3RD DISTRICT, PENNSYLVANIA

WAYS AND MEANS COMMITTEE

SUBCOMMITTEES:
HUMAN RESOURCES
HEALTH
TRADE

JOINT ECONOMIC COMMITTEE

CHAIRMAN:
CONGRESSIONAL STEEL CAUCUS
CONGRESSIONAL REAL ESTATE CAUCUS



Congress of the United States
House of Representatives
Washington, DC 20515-3803

June 16, 2004

CHS Transportation Service

304 East 22nd Street
Erie, PA 16503

Dear Friend:

Thank you for contacting me to inquire about federal grant funding. I appreciate your interest.

In order to expedite your request due to new mail procedures in the House of Representatives, I encourage you to correspond with my office via email at grantspa03@mail.house.gov. To facilitate your request, please provide the following information:

Seeking Grant Support Letter:

- Name, address and phone number of the contact person AT THE AGENCY that administers the grant program for which you are applying;
- An executive summary of the program/project for which you seek funding, including who, what, where, who will be served, cost, cost-sharing ratio, history of funding attempts for this specific project, and a general summary of the purpose of the program/project;
- Name, address, and phone number of the contact person whom the support letter request originated (you and/or the organization's name);
- An electronic draft of the support letter to be submitted by our office.

Seeking Federal Grant Programs:

- Specific information describing the applying organization/individual/government entity/company/or school district who will be applying for the grant;
- A brief description of the project for which the applicant is seeking funding;
- Whom the program would benefit and/or serve, if applicable;
- Description of any other funding sources solicited by application for this project.

Again, thank you for your interest in federal grants. If the above-mentioned criteria has been satisfied, you will receive a response from our office within two weeks.

PLEASE REPLY TO:

- 1410 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3803
(202) 225-5406
- 208 EAST BAYFRONT PARKWAY, SUITE 102
ERIE, PA 16507-2405
(814) 456-2038
- 900 NORTH HERMITAGE ROAD, SUITE 6
HERMITAGE, PA 16148-3243
(724) 342-6132
- 312 CHESTNUT STREET, SUITE 114
MEADVILLE, PA 16335-3208
(814) 724-8414
- 101 EAST DIAMOND STREET, SUITE 213
BUTLER, PA 16001-5944
(724) 285-7005
- 325 PENNSYLVANIA AVENUE WEST
WARREN, PA 16365-2414
(814) 723-7282

Exhibit #
N-2007
12/3

(21)

June 16, 2004

Best wishes,



Phil English
Member of Congress

PSE/jw

EVANS STRICKLAND BEST

Architecture • Construction • Design/Build

(22)

June 14, 2004

Mr. Corey Harris, President
 CH's Service Provider Corporation
 304 East 22nd Street
 Erie, PA 16503

RE: New Office and Garage
 CH's Service Provider Corporation
 Erie, PA

Dear Mr. Harris:

I was pleased to meet with you this afternoon regarding your new business venture. It would be an exciting addition to the Erie Community and a great opportunity for you. We look forward to working on this project.

As I understand, you will be constructing a new office building for approximately 35 people, a storage garage for approximately 30 vehicles and a maintenance garage for 4 vehicles and related storage space. Site development would involve a parking lot for approximately 50 vehicles, an entrance road and related driveways, and water/sewer infrastructure to serve the new buildings.

Based on the above, an estimate of the building/site requirements and related costs are as follows:

Office Building:	7,500 sf @ \$100.00/sf =	\$750,000.00
Storage Garage:	12,000 sf @ \$50.00/sf =	\$600,000.00
Maintenance Garage:	2,000 sf @ \$70.00/sf =	\$140,000.00
Entrance & Driveways:		\$ 25,000.00
Parking:		\$200,000.00
Water/Sewer:		<u>\$ 25,000.00</u>
Subtotal:		\$1,740,000.00
Architectural and Engineering Fees		<u>\$174,000.00</u>
Subtotal:		\$1,914,000.00
10% Contingency:		<u>\$191,400.00</u>
Total:		\$2,105,400.00

If you have any questions on the above, please contact me at the address or phone number below.

Sincerely,

Lee M. Strickland, President

LMS:jao

1000 Renaissance Centre, 1001 State Street, Erie, PA 16501-1830
 • Architecture 814/454-6379 • Construction 814/459-1376 • Fax 814/453-5189

Email Erie esb@evansstricklandbest.net

Exhibit H
 6-2006



October 18, 2004

To Whom It May Concern:

Corey Harris, Owner, CH's Service Provider, has employed Palace Business Centres as his office support staff to provide all business support for CH's Service Provider during the transitional period necessary for the establishment and development of his business.

The Staff includes:

Catherine Leone: Marketing/Human Resources/Client Services

Perri Mizanin: Client Services/Administrative

Kelly Reams: Administrative/Paralegal

Donna Schack: Administrative/Paralegal

Linda Stallbaum: Bookkeeping

Marjorie Carey: Receptionist/Phone Answering/Client Services

Sincerely,

A handwritten signature in black ink that reads "Catherine L. Leone".

Catherine L Leone
Marketing/Client Services

Exhibit # H-200t

MEDICAL SOURCE STATEMENT OF CLAIMANT'S ABILITY
TO PERFORM WORK-RELATED PHYSICAL ACTIVITIES

NAME: COREY HARRIS

S.S.NO.:183-56-0615

Doctor: Please assess the claimant's ability to engage in full-time employment in a regular work setting. You should consider the combined effects of all impairments, the side effects of any medication, and the effects of symptoms (e.g., pain, fatigue, etc.) The ASSESSMENT SHOULD REFLECT MAXIMUM SUSTAINABLE PHYSICAL CAPACITY, not a median or minimum. Your opinion should be based on clinical signs and laboratory findings, NOT ON THE INDIVIDUAL'S STATEMENTS.

DEFINITIONS: Occasional - from very little up to 1/3 of an 8 hour day. Frequent - from 1/3 to 2/3 of an 8 hour day.
Capacity - Maximum Sustainable Capacity

LIFTING

No Limitation

Capacity:
2-3 pounds Frequent
10 pounds Frequent
20 pounds Occasional
25 pounds Occasional
50 pounds Occasional
100 pounds Occasional

CARRYING

No Limitation

Capacity:
2-3 pounds Frequent
10 pounds Frequent
20 pounds Occasional
25 pounds Occasional
50 pounds Occasional
100 pounds Occasional

Supportive medical findings, if not otherwise included in report:

Left Plumb - base - Paint

STANDING AND WALKING

No Limitation

Capacity (cumulative in 8-hour day):

1 Hour or less
 1 to 2 Hours
 More than 2 Hours but less than 6 Hours; How many? _____
 6 Hours or more
 Hand-held assistive device required for: balance; ambulation; other _____

Supportive medical findings, if not otherwise included in report:

Unfulf Left Foot
Everted Foot

SITTING

No Limitation

Capacity:

Sit less than 6 Hours. How many? _____
 Sit 6 Hours
 8 Hours with alternating sit/stand at his/her option.

Supportive medical findings, if not otherwise included in report:

PUSHING AND PULLING

No Limitation

Consider operation of hand and/or foot controls.

Unlimited, other than shown under lifting and carrying
 Limited in upper extremity (describe nature and degree) _____
 Limited in lower extremity (describe nature and degree) _____

Unfulf Left Plumb
Unfulf Left Foot

Supportive medical findings, if not otherwise included in report:

JOHN C KALATA DO
D. Kocher/PZBCOREY HARRIS
183-56-0615**POSTURAL ACTIVITIES**No Limitation

How frequently can the individual perform the following activities? Please specify the nature and degree of any limitation.

	Frequent	Occasional	Never	Comments
Bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stooping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Supportive medical findings, if not otherwise included in report:

OTHER PHYSICAL FUNCTIONSNo Limitation

Are the following affected by the impairment(s)? Please specify the nature and degree of any limitation.

	No	Yes	Comments
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	
Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Seeing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tasting/Smelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Supportive medical findings, if not otherwise included in report:

ENVIRONMENTAL RESTRICTIONSNo Limitation

Are the following affected by the impairment(s)? Please specify the nature and degree of any limitation.

Comments	Comments
<input type="checkbox"/> Poor Ventilation	<input type="checkbox"/> Wetness
<input type="checkbox"/> Heights	<input type="checkbox"/> Dust
<input checked="" type="checkbox"/> Moving Machinery	<input type="checkbox"/> Noise
<input type="checkbox"/> Vibration	<input type="checkbox"/> Fumes, Odors, Gases
<input type="checkbox"/> Temperature Extremes	<input type="checkbox"/> Humidity
<input type="checkbox"/> Chemical (Please Specify)	<input type="checkbox"/> Other (Please Specify)

Supportive medical findings, if not otherwise included in report:

Physician's Name (PLEASE PRINT)

Dr. John C. Kalata

Physician's Signature

M. John C. Kalata

Date Last Seen

11-13-03

Date



TDN: 0082464834



OFFICE OF VOCATIONAL REHABILITATION

3200 LOVELL PLACE - ERIE, PA 16503

WARREN FIELD OFFICE - 2 MARKET ST. - WARREN, PA 16365 - 814/723-2790

SHARON FIELD OFFICE - 217 W. STATE ST. - 2ND FLOOR - SHARON, PA 16146 - 724/347-9257



(814) 871-4551 • (814) 871-4535 TTY • (814) 871-4631 FAX • 800-541-0721

December 14, 2004

Mr. Corey Harris
P.O. Box 3618
Erie PA 16508

Dear Mr. Harris:

Your name was referred to our office as someone who may be interested in Office of Vocational Rehabilitation services. It is important that I meet with you to complete an initial interview. Please meet me at:

PLACE **Office of Vocational Rehabilitation**

ADDRESS **3200 Lovell Place, East 13th Street between French and Holland Streets, Erie, PA**
(use the 13th Street Entrance at east end of building, close to Holland Street, near the Matthew's Trattoria sign- take elevator to the 3rd Floor)

DATE **Wednesday, January 5, 2005**

TIME **8:00 a.m.**

To facilitate your rehabilitation process, please bring the following items with you, if available:

1. All medical records currently in your possession.
2. Names of current prescriptions and dosages.
3. Resume and/or listing of all previous employers and job tasks required of the position.
4. A copy of your 1040 or last pay stub.
5. Names and addresses of medical providers from whom you have received treatment

If you do not appear for this appointment and have not called to reschedule prior to your appointment date your case will be closed with the Office of Vocational Rehabilitation.

Sincerely,

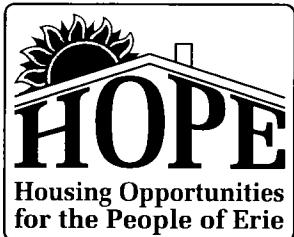
Teri Rexford
 Teri Rexford
 Rehabilitation Counselor

TR/rdh

Exhibit
J-2006

P.S.: PLEASE COMPLETE THE ENCLOSED APPLICATION AND BRING IT WITH YOU FOR YOUR APPOINTMENT. IF YOU HAVE DIFFICULTY WITH ANY OF THE INFORMATION INSIDE OR CANNOT FILL OUT PARTS OF THE APPLICATION PLEASE LEAVE THEM BLANK AND WE WILL COMPLETE THEM LATER.

(26)



HOUSING AUTHORITY OF THE CITY OF ERIE

606 Holland Street • Erie, PA 16501-1285
Phone: 814-452-2425
Fax: 814-452-2429

AGNES R. PRISCARO
Chair

C. TED DOMBROWSKI
Vice Chair

BISHOP DWANE BROCK
Treasurer

TRELANE C. BATTLES
Commissioner

DONALD C. MEYERS
Commissioner

JOHN E. HORAN
Executive Director and Secretary

DONALD E. WRIGHT, JR., ESQ.
Legal Counsel

December 15, 2004

Corey Harris
P.O. Box 3618
Erie, PA 16508

Dear Mr. Harris:

You have applied for public housing with our office. As part of our selection process, we have reviewed and investigated your past performance in meeting financial obligations, your record of living and housekeeping at prior residences, and we have conducted a search concerning prior criminal activity of record. This investigation has resulted in a determination that you are ineligible for public housing because of the following:

1. You have an unfavorable credit report. You may receive a copy of your credit report by calling 1-800-888-4213.
2. You have a criminal record. I have enclosed a copy.

You are entitled to an informal hearing to review, explain or reply to the above finding(s) and decision, and to offer evidence of rehabilitation. If you desire an informal hearing, you must **SEND OUR OFFICE WRITTEN DOCUMENTATION WITHIN TEN (10) DAYS OF THIS LETTER TO SET UP AN APPOINTMENT FOR AN INFORMAL HEARING**. You may be represented by counsel at the informal hearing, but it is not a requirement. If you do not request a hearing, you will remain ineligible in accordance with this letter.

Sincerely,

Jan Vommaro
Jan Vommaro
Tenant Selection Office

Exhibit K-200



(27)

October 19, 2004

Corey Harris
P.O. Box 3618
Erie, PA 16508

Dear Mr. Harris,

Thank you for your interest in the position of Director of Business Administrator Services at Kent State University.

We received many applications from a field of highly qualified candidates, making the selection process challenging. While your qualifications for this position are impressive, after carefully considering the letters and resumes submitted we have determined that another candidate possesses the combination of experience and education that best match our requirements.

We appreciate your interest in employment at Kent State University, and hope that you will consider other positions that may become available and be of interest to you.

Sincerely,

A handwritten signature in black ink that reads "Matthew Fajack".

Matthew Fajack
Executive Director of Financial Affairs

MF:cg

Exhibit # L-2006

Financial Affairs

226 Michael Schwartz Center • P.O. Box 5190 • Kent, Ohio 44242-0001
Office (330) 672-2422 • Fax (330) 672-5434 • <http://www.kent.edu/finaffair/>

(31)

20510Revised.qxd 11/22/2004 10:42 AM Page 1

Coming Soon

Erie

and Surrounding Areas

CH's Service Provider

A Professional Transportation Service

Providing Your Total Transportation Needs

24 Hours/7 Days A Week Including Holidays

Non-Stop Service To and From
Work, School, Day Care, Recreation

Senior Citizen Rate Daily

Provided by a Professional Uniformed Driver

Everyday Low Rates

Our Motto is Quality and Safety

www.chsserviceprovider.com • lowrates@velocity.net

877-416-7032 • 814-882-1674

CONCILION Exhibit

Page 15, AND

ACKNOWLEDGEMENT 4-A

- Exhib. 11
6/1/2006

Page 12



(32)

Court of Common Pleas
Domestic Relations Section
509 Sassafras Street
Erie, Pa 16507

Dear Sir or Madam:

Corey Harris has been employed with the Medical Staffing Network from 5/30/03 to 9/2/03 and 6/4/04 to the present. We are a staffing agency and employees are scheduled on an as needed basis. All employees are hired as per diem.

If I may be of further assistance feel free to contact me at 814-866-3458

Sincerely,

A handwritten signature in cursive script that appears to read "Karen Wheeler".

Karen Wheeler
Human Resources

Exhibit #
CA 2006

where
experience
works

(33)

2

CH's SERVICE PROVIDER

“Erie’s Full Service Transportation Provider”

Business Plan – 2004

Corey L. Harris, President/CEO

P.O. Box 3618
Erie, PA 16508
814-504-2098

Exhibit #
1-1 2006

(34)

Income Statement**CH's Service Provider**

	<u>Internal 12/31/2004</u>	<u>Planned 12/31/2005</u>	<u>Planned 12/31/2006</u>	<u>Planned 12/31/2007</u>
Sales - Service	0	1,725,000	2,799,996	5,000,004
Sales - Start-Up	0	12,000	12,000	12,000
Revenue	0	1,737,000	2,811,996	5,012,004
Total Gross Profit	0	1,737,000	2,811,996	5,012,004
Accounting- Bookkeeping	0	15,000	15,000	15,000
Accounting- Tax Preparation	0	0	3,500	3,500
Accounting- Final Statement	0	0	7,500	7,500
Auto- Gas	0	132,881	215,118	383,418
Auto- Maintenance	0	80,944	131,039	233,559
Auto- License & Registration	0	2,953	4,780	8,520
Advertising	0	50,000	30,000	30,000
Bank Charges	0	3,600	3,600	3,600
Contract Labor	0	327,537	0	0
Depreciation	0	36,143	36,143	44,714
Director- Taxes	0	1,754	2,628	2,628
Director- Benefits	0	780	780	780
Director- Salaries	0	18,500	30,000	30,000
Director- Workers Comp	0	900	900	900
Employee Benefits	0	12,870	25,740	35,100
Employee Salaries	0	343,134	686,268	936,000
Employee Payroll Taxes	0	28,098	56,196	76,644
Employee Workers Comp	0	18,702	37,404	51,000
Insurance - Auto	0	112,500	112,500	142,500
Insurance - Liability	0	25,000	40,464	72,120
Legal	0	10,000	0	0
Marketing- Design	0	1,000	0	0
Marketing- Printing	0	24,000	24,000	24,000
Miscellaneous Expense	0	3,000	4,200	5,400
Office Supplies	0	6,000	4,800	4,800
Postage	0	2,400	2,400	2,400
Rent	0	7,200	7,200	7,200
Software	0	1,500	0	0
Storage Lot- Rent	0	18,000	18,000	18,000
Storage Lot- Occupancy	0	10,500	10,500	10,500
Supplies- Uniforms	0	19,440	19,440	21,840
Telephone & Fax	0	12,000	12,000	12,000
Meals & Entertainment	0	9,000	9,000	9,000
Training- Cust Service	0	5,000	0	1,000
Training- Sales	0	28,000	0	1,000
Training- Safety	0	10,000	0	2,000
Website- Development	0	45,000	0	0
Website- Hosting	0	1,000	1,200	1,200
Operating Expenses	0	1,424,335	1,552,300	2,197,824
Total Operating Income/(Loss)	0	312,665	1,259,696	2,814,180
Profit Before Tax	0	312,665	1,259,696	2,814,180
Net Income	0	312,665	1,259,696	2,814,180

Exhibit #C.2.2006



12/25/2004

Exhibit #F-2006



RICK SCHENKER
COUNTY EXECUTIVE

DEPARTMENT OF HUMAN SERVICES
Office of Children & Youth
154 West Ninth Street, Erie, Pennsylvania 16501-1303
Telephone: 814-451-6600 TTY: 814-451-6556

DEBRA LIEBEL, MPA
EXECUTIVE DIRECTOR

36

12-13-04

Corey Harris
304 East 22nd St
Erie, PA 16503

Dear Mr. Harris:

On 12-9-04 this agency received a referral regarding your child(ren) and I was assigned to evaluate the allegations. I have completed my evaluation and have determined that it is not necessary for your family to receive ongoing services from this agency at this time. This agency's involvement with your family will now cease.

In the event new allegations are received by the Agency, an intake specialist will be assigned to evaluate the allegations and make a determination about the need for further services. If, in the future, you believe that this agency can assist you in preventing your children from being abused or neglected, please do not hesitate to contact the agency.

I have enclosed a Family Survey that is sent to all families who have had involvement with the Intake program at this agency. Please take a moment to complete the survey and return it in the postage stamped envelope that is also provided. Your answers to this survey are confidential and does not require your signature or for you to identify yourself in any way. Thank you in advance for your participation.

Sincerely,

Debelle Woltz
D. F. cas
Supervisor

Exhibit A-2006

In the Court of Common Pleas of Erie County, Pennsylvania
DOMESTIC RELATIONS SECTION

Robin Q. Tate _____ Plaintiff
Vs.
Corey L. Harris _____ Defendant

) Docket Number NS902811
37
)
) PACSES Case Number 144003882
)
) Other State ID Number

SS# 183-56-0615

Order

AND NOW to wit, this 15th day of December, 2004, it is hereby Ordered that: after hearing, the defendant is found in contempt of court for willfully failing to:

pay support as ordered
 appear as ordered/respond to notices
 participate in TEP

honor agreement(s)
 report changes in employment/
address/income
 other _____

It is hereby ordered, adjudged and decreed that Corey L. Harris shall be incarcerated in the Erie County Prison for a period of 4 month(s)/days or a purge in the amount of \$4,000.00 total ala casel.

Defendant shall be eligible for work release.

Defendant shall be eligible for suspended sentence after 60 days providing (s)he has:

- Complied with the rules and regulations of the Work Release Program;
- Maintained regular support payments for 60 day;
- Participated in the Parent's Workshop while in Work Release and will continue to do so for a total of six (6) months.

Other conditions as follows:

NO Furlough

It is further ordered, adjudged and decreed the defendant shall pay \$50.00 in contempt fees and all costs outstanding to the Erie County Domestic Relations, Support Finance Office.

By the court,


STEPHANIE DOMITROVICH JUDGE

RELEASE

I, _____, an enforcement officer from the Domestic Relations Section verify the above named defendant satisfied the conditions set forth by paying the purge of \$_____ or served _____ months, as sentenced. Inasmuch as he/she is to be automatically released from prison, if there are no other outstanding warrants against him/her.

Enforcement Officer

Date

Exhibit H
B-2006 10-3

In the Court of Common Pleas of Erie County, Pennsylvania
DOMESTIC RELATIONS SECTIONMalikah Y. Nixon

Plaintiff

Docket Number NS200200563

Vs.

Corey L. Harris

Defendant

) PACSES Case Number 165104344

) Other State ID Number

SS# 183-56-0615

(38)

Order

AND NOW to wit, this 15th day of December, 2004, it is hereby Ordered that: after hearing, the defendant is found in contempt of court for willfully failing to:

<input checked="" type="checkbox"/> pay support as ordered	<input type="checkbox"/> honor agreement(s)
<input checked="" type="checkbox"/> appear as ordered/respond to notices	<input checked="" type="checkbox"/> report changes in employment/ address/income
<input type="checkbox"/> participate in TEP	<input type="checkbox"/> other _____

It is hereby ordered, adjudged and decreed that Corey L. Harris shall be incarcerated in the Erie County Prison for a period of 6 month(s)/days or a purge in the amount of \$4,000.00 total all cases

Defendant shall be eligible for work release.

Defendant shall be eligible for suspended sentence after 60 days providing (s)he has:

- Complied with the rules and regulations of the Work Release Program;
- Maintained regular support payments for 60 day;
- Participated in the Parent's Workshop while in Work Release and will continue to do so for a total of six (6) months.

Other conditions as follows:

Consecutive to NS902811 NO Furlough

It is further ordered, adjudged and decreed the defendant shall pay \$50.00 in contempt fees and all costs outstanding to the Erie County Domestic Relations, Support Finance Office.

By the court,



STEPHANIE DOMITROVICH JUDGE
RELEASE

I, _____, an enforcement officer from the Domestic Relations Section verify the above named defendant satisfied the conditions set forth by paying the purge of \$_____ or served _____ months, as sentenced. Inasmuch as he/she is to be automatically released from prison, if there are no other outstanding warrants against him/her.

Enforcement Officer

Date

Exhibit #
B-2006
1st 3

In the Court of Common Pleas of Erie County, Pennsylvania
DOMESTIC RELATIONS SECTION

Knioka C. McLaurin

Plaintiff

Docket Number NS200202708

Vs.

Corey L. Harris

Defendant

) PACSES Case Number 715105047

)

) Other State ID Number

(39)

SS# 183-56-0615

Order

AND NOW to wit, this 15th day of December, 2004, it is hereby Ordered that: after hearing, the defendant is found in contempt of court for willfully failing to:

pay support as ordered honor agreement(s)
 appear as ordered/respond report changes in employment/
 to notices address/income
 participate in TEP other

It is hereby ordered, adjudged and decreed that Corey L. Harris shall be incarcerated in the Erie County Prison for a period of 6 month(s)/days or a purge in the amount of \$4,000.00 total all cases

Defendant shall be eligible for work release.
 Defendant shall be eligible for suspended sentence after 60 days providing (s)he has:
 _____ Complied with the rules and regulations of the Work Release Program;
 _____ Maintained regular support payments for 60 day;
 _____ Participated in the Parent's Workshop while in Work Release and will continue to do so for a total of six (6) months.

Other conditions as follows:

Consecutive to NS200200563 NO Furlough

It is further ordered, adjudged and decreed the defendant shall pay \$50.00 in contempt fees and all costs outstanding to the Erie County Domestic Relations, Support Finance Office.

By the court,


 STEPHANIE DOMITROVICH

JUDGE

RELEASE

I, _____, an enforcement officer from the Domestic Relations Section verify the above named defendant satisfied the conditions set forth by paying the purge of \$_____ or served _____ months, as sentenced. Inasmuch as he/she is to be automatically released from prison, if there are no other outstanding warrants against him/her.

 Exhibit #
 B-2006
 30-13

Enforcement Officer

Date

(28)

In the Court of Common Pleas of **ERIE** County, Pennsylvania
DOMESTIC RELATIONS SECTION

MALIKAH Y. NIXON	) Docket Number	NS200200563
Plaintiff)	
vs.	) PACSES Case Number	165104344
COREY L. HARRIS)	
Defendant	) Other State ID Number	00864862

ORDER

AND NOW, to wit on this 31ST DAY OF JANUARY, 2005 **IT IS HEREBY**
ORDERED that the Complaint for Support or Petition to Modify or Other
filed on 11/24/04 in the above captioned
matter is dismissed without prejudice due to:

DEFENDANT, COREY L. HARRIS FAILED TO APPEAR/CONTACT THE DRS ON HIS PETITION TO MODIFY. FURTHER, MR. HARRIS FAILED TO PROVIDE MEDICAL DOCUMENTATION REGARDING HIS ILLNESS. THEREFORE, REGULAR SUPPORT PAYMENTS AND ANY OF THE TERMS AND OR CONDITIONS SHALL CONTINUE AS REQUIRED BY PRIOR ORDER OF COURT.

DEFENDANT OWES COURT COST IN THE AMOUNT OF \$40.00.

THIS TEMPORARY ORDER OF COURT SHALL BECOME FINAL IN 10 DAYS UNLESS A DEMAND FOR HEARING IS FILED WITHIN THE SAID 10 DAYS.

CONFERENCE OFFICER
MICHAEL R. MIGDAL

The Complaint or Petition may be reinstated upon written application of the plaintiff petitioner.

Defendant failed to Transfer Exhibit # D-2006
from County Prison
was in jail on 1/31/05. Due Process
Service Type M
Claim 1 of 3

BY THE COURT: *CLY* 1 of 3

JUDGE *CLY*

(29)

In the Court of Common Pleas of **ERIE** County, Pennsylvania
DOMESTIC RELATIONS SECTION

KNIOKA C. MCLAURIN	) Docket Number	NS200202708
Plaintiff)	
vs.	) PACSES Case Number	715105047
COREY L. HARRIS)	
Defendant	) Other State ID Number	

ORDER

AND NOW, to wit on this 31ST DAY OF JANUARY, 2005 **IT IS HEREBY**
ORDERED that the Complaint for Support or Petition to Modify or Other
filed on 11/24/04 in the above captioned
matter is dismissed without prejudice due to:

DEFENDANT, COREY L. HARRIS FAILED TO APPEAR/CONTACT THE DRS ON HIS PETITION
TO MODIFY. FURTHER, MR. HARRIS FAILED TO PROVIDE MEDICAL DOCUMENTATION
REGARDING HIS ILLNESS. THEREFORE, REGULAR SUPPORT PAYMENTS AND ANY OF THE
TERMS AND OR CONDITIONS SHALL CONTINUE AS REQUIRED BY PRIOR ORDER OF COURT.

DEFENDANT OWES COURT COST IN THE AMOUNT OF \$40.00.

THIS TEMPORARY ORDER OF COURT SHALL BECOME FINAL IN 10 DAYS UNLESS A
DEMAND FOR HEARING IS FILED WITHIN THE SAID 10 DAYS.

CONFERENCE OFFICER
MICHAEL R. MIGDAL

The Complaint or Petition may be reinstated upon written application of the plaintiff
petitioner.

Allegement 1-A

20

BY THE COURT:

Exhibit
Page 5

JUDGE

(30)

In the Court of Common Pleas of **ERIE** County, Pennsylvania
 DOMESTIC RELATIONS SECTION

ROBIN Q. TATE) Docket Number NS902811
 Plaintiff)
 vs.) PACSES Case Number 144003882
 COREY L. HARRIS)
 Defendant) Other State ID Number

ORDER

AND NOW, to wit on this 28TH DAY OF JANUARY, 2005 **IT IS HEREBY**
ORDERED that the Complaint for Support or Petition to Modify or Other
 filed on 11/24/04 in the above captioned
 matter is dismissed without prejudice due to:

DEFENDANT FAILED TO APPEAR/CONTACT THE DRS ON HIS PETITION TO MODIFY.
 FURTHER, MR. HARRIS FAILED TO PROVIDE MEDICAL DOCUMENTATION REGARDING HIS
 ILLNESS. THEREFORE, REGULAR SUPPORT PAYMENTS AND ANY OF THE TERMS AND OR
 CONDITIONS SHALL CONTINUE AS REQUIRED BY PRIOR ORDER OF COURT.

DEFENDANT OWES COURT COST IN THE AMOUNT OF \$40.00.

THIS TEMPORARY ORDER OF COURT SHALL BECOME FINAL IN 10 DAYS UNLESS A DEMAND
 FOR HEARING IS FILED WITHIN THE SAID 10 DAYS.

COMPLAINT OFFICER
MICHAEL R. MIGDAL

The Complaint or Petition may be reinstated upon written application of the plaintiff
 petitioner.

BY THE COURT:

[Signature]
 JUDGE

Exhibit # A
 Medical
 Plaintiff: *[Signature]*
 Case # 144-3696

Medical Staffing Network - #259

Report: Employee Payroll Summary

Format: N/A

View:

Sorted By: SSN

Notes:

User: KAREN
 Date: 03/15/2006
 Page: 1
 Time: 10:27 AM

Earnings		Deductions		Taxes	
Employee	Description	Amount	Description	Amount	Description
NAME: HARRIS, COREY	Regular Hours Pay	\$10,632.08			
SSN: 183-56-0615	Bonus Other	\$248.00			
GROSS: \$11,491.68	Gross Pay Adjustment	\$73.50			
NET: \$10,078.33	Overtime Hours Pay	\$685.10			
Totals		\$11,491.68		\$0.00	
Report Totals	Regular Hours Pay	\$10,632.08			
GROSS: \$11,491.68	Bonus Other	\$248.00			
NET: \$10,078.33	Gross Pay Adjustment	\$73.50			
	Overtime Hours Pay	\$685.10			
Earnings Total		\$11,491.68	Deductions Total	\$0.00	Tax Total
Female Employees On This Report:		0			
Male Employees On This Report:		1			
Total Employees:		1			

Female Employees On This Report:
 Male Employees On This Report:
 Total Employees:

Exhibit #
 C-2 2006

QH